

COMMUNITY REHABILITATION:

Live Well for Longer

#RightToRehab



WE STAND READY TO WORK WITH YOU TO DELIVER EFFECTIVE, PERSON-CENTRED COMMUNITY REHABILITATION SERVICES TO ALL THOSE IN NEED SO THAT PEOPLE CAN...

Live Well for Longer

The NHS Long Term Plan committed to enhance access to community rehabilitation across England. Building on recommendations from The National Institute for Health and Care Excellence (NICE), it also set out some of the benefits of better access in terms of saving lives, improved quality of life and reduced hospital admissions. I am pleased to introduce this report that confirms the importance of community rehabilitation to patients, their families and carers and the wider society.

When we get this right, we can help people live happier, more comfortable and productive lives as well as saving costs to other parts of health and social care.

But as with any large-scale change, it's going to take a concerted effort to make national community rehabilitation a reality. Health and social care commissioners, service managers, allied health professionals, the fitness industry and others will need to work together with patients and their families to make this happen.

Richard Murray
Chief Executive, The Kings Fund

Our Ask:

Equal access to community rehabilitation for all

What is community rehabilitation?

Community rehabilitation means assessment, advice and tailored rehabilitation support that takes place in settings outside of acute hospital wards and that improves people's health and wellbeing. Community rehabilitation helps people with long-term conditions, injuries or illness to live well for longer.

Community rehabilitation can:

- **Improve** physical and mental health and wellbeing
- **Reduce** hospital admissions
- **Ensure** further treatments have the best chance of success
- **Enhance** self-management of long-term conditions
- **Increase** independent living
- **Support** a return to work.

Why a 'right to community rehabilitation' is so important

Community rehabilitation enables people to achieve more of their potential and live as well as possible. It can also save significant amounts of tax-payer money by reducing the need for more costly health care and social care.

Yet while medical breakthroughs now help many more people survive illnesses and injuries that would have previously killed them, modernisation and investment in community rehabilitation has not kept up. This means that despite community rehabilitation being every bit as important as surgery or drug treatments, too many people with long-term conditions cannot access it at present.

Not everyone gets the rehabilitation they need

- **Just 15% of people with lung disease** eligible for pulmonary rehabilitation are referred for it⁽¹⁾
- **Only 50% of eligible people access** cardiac rehabilitation after a cardiac event, this is even lower for women, black and minority ethnic groups and economically deprived patients⁽²⁾
- **44% of people with neurological conditions** don't have access to community rehabilitation for their condition⁽³⁾
- **Only 40% of the 1.3 million people** living with traumatic brain injury receive neurological rehabilitation⁽⁴⁾
- **Most people with a cancer diagnosis** are not given support before treatment to improve their fitness levels, diet and mental health.⁽⁵⁾

The NHS – a service that needs modernising

A radical modernisation is needed to ensure the quality and consistency of community rehabilitation services, offering an approach that is tailored to meet people's needs and priorities. Services need to be accessible and available in the community, with links to specialist teams as needed. The NHS Long Term Plan in England commits to enhancing community rehabilitation. This must be delivered on the ground and followed through in local health and care service planning decisions.

COMMUNITY REHABILITATION: **Transforming lives**

Community rehabilitation helps people with long-term conditions, illness, or injury to recover their health, cope with chronic conditions, and slow the progress of degenerative disease. Community rehabilitation can prepare people for treatment such as chemotherapy, to ensure they get the best possible results. People supported with personalised rehabilitation are more likely to regain their independence, preserve their mental health, and achieve their potential.

Community rehabilitation is not universally available. When people cannot access community rehabilitation, it damages their quality of life, increases the risk of social isolation and poses greater costs for health budgets, social care budgets and the wider economy.

Too often people receive intensive rehabilitation in hospital but then have long waits when they get home, if it's available at all. In a study by The Stroke Association, 45% of patients said they felt abandoned when they left hospital⁽⁶⁾. While patients wait, their recovery is halted and can reverse – causing lasting disability, distress and deterioration of health.

“The support, understanding and guidance of staff at BASIC [rehabilitation service] has assisted me immensely in rebuilding my life”

Andrew, traumatic brain injury patient

Rehabilitation is transformational

Despite living with a lung condition since childhood Annette, 67, was only introduced to pulmonary rehabilitation 2 years ago, in 2017. *“It was the best thing that I have done,” she says. “It helped me to understand my condition, how to improve it and, most importantly, how to manage it.”*

Annette has bronchiectasis, a lung condition that causes a persistent cough and excess phlegm.

A permanent condition, it gets worse over time. She also has chronic obstructive pulmonary disease and clinical depression. Pulmonary rehabilitation (PR) has had a significant impact on her quality of life. Similarly, community wellbeing sessions have helped Annette understand her depression and manage it. As she says, *“Learning how to belly breathe and managing walking to increase mobility and muscle strength takes the fear out of going out into the community and has helped me no end. In the past I found it very depressing after an exacerbation as it felt like all the exercise I had been doing was lost. Now I take a deep breath and start again and enjoy the challenge of getting more mobile again.”*

Annette, who lives in Norfolk, is now secretary for her local British Lung Foundation support group, where members discuss the benefits of PR. *“We all agree that we want to see more people offered an initial programme of PR, but there should also be follow-up sessions regularly available to remind and support people to keep with it.”*



Patchy provision widens health inequalities

Community rehabilitation provision is currently a postcode lottery, with people in many areas of the country unable to access the rehabilitation they need through their local health care system. If people can pay for private community rehabilitation, then they do so. But not everyone can afford to.

Only 40% of people from areas of high deprivation start cardiac rehabilitation, compared to 54% from areas of low deprivation.”

British Heart Foundation⁽³⁾

This falls short of the NHS Constitution pledge to provide a comprehensive health care system. As long as community rehabilitation is unavailable in certain areas, then the system is neither comprehensive nor universal. This fuels health inequalities – contributing to the fact that levels of ongoing ill health and disability are greater in areas of deprivation.⁽⁷⁾

“We know cardiac rehabilitation reduces the risk of someone dying from heart and circulatory disease, having another cardiac event such as a heart attack or needing to be readmitted to hospital. Rehabilitation services provide vital support in addressing both physical and psychological factors to improve people’s quality of life and help them to adjust to a new normal.

But some groups, such as women, BME people and individuals from deprived areas are less likely to take up, complete and benefit from cardiac rehabilitation. Reimagining cardiac rehabilitation services, to build them around the needs of the person instead of institutions, will be vital to ensure that every single eligible patient is offered cardiac rehabilitation to help them return to as high a standard of health as possible, whether this is through services in the community, at home or online.”

What happens when support isn't in place

At 46, Lizzie, a judge, mother of two and keen runner, suffered a life-threatening subarachnoid brain-hemorrhage and stroke. Just three weeks after life-saving brain surgery, Lizzie was discharged home, paralysed and blind, and waited seven months for NHS community rehabilitation. Lizzie had to pay privately for rehabilitation to help her learn to walk again, and to treat the many other health issues caused by her stroke.

The lack of readily available, specialist community rehabilitation contributed to the breakdown of her marriage and enforced retirement from her job, leaving her with continued pain, depression and desperation.

“Whilst I survived a massive brain hemorrhage, there have been many times since when I simply wished that I had not lived because of the significant physical, mental, and emotional pain I have endured over the last 8 years of post-stroke life.”

Lizzie

“NHS gaps in provision can have life-changing consequences, especially for people not in a position to pay for private rehabilitation. Health difficulties can then drive deprivation in other areas of life, for example if you are too ill or disabled to work, you’re likely to face a spiral of financial problems that will further limit your life chances. It’s a vicious cycle”

The Chartered Society of Physiotherapy

COMMUNITY REHABILITATION: **Saving NHS money**

Community rehabilitation can help tackle NHS budget pressures. Rehabilitation reduces the need for hospital admissions. If acute care is required, then community rehabilitation can reduce the level of care needed, the length of stays and thereby the costs.

For cancer patients, a 'prehabilitative' approach that provides physical, dietary and psychological support before any other treatment is used has been shown to improve outcomes, limit hospital stays and reduce subsequent complications.

For people with serious mental illness, community rehabilitation often provides a better patient experience and improved outcomes when compared to inpatient care, while also reducing costs.⁽⁸⁾



Mr Jones, a retired bus driver, was diagnosed with oesophageal cancer at 72. He attended a prehabilitation clinic directly after his diagnosis. He was assessed as needing a significant level of support to get him more physically active and improve his diet, and a moderate level of psychological support to

cope with the surgery and chemotherapy to come. Mr Jones received free gym membership, 2 fitness sessions a week in a small group, and a heart rate monitor to encourage him to walk more. He saw a specialist dietitian, received weekly nutritional screening and dietary advice. He was also made aware of the extra psychological support available to him. Mr Jones reported that the prehabilitation sessions made him feel “more motivated to look after myself”.⁽⁵⁾

“Prehabilitation adds value by reducing complications and resource use as well as potentially improving long-term behaviour and health.”

MacMillan⁽⁵⁾

“Shifting the focus and resource in mental health rehabilitation from inpatient provision, especially out of area, to early skilled rehabilitation assessment and intervention in the community is vital. This will enable more people who have lost skills and confidence due to their mental health needs, to access support to build on their strengths and achieve their aspirations. This will also reduce the number of people requiring more expensive, in patient rehabilitation, so that

the very small number of people who do need that, can receive it closest to home.”

Clair Haydon, Clinical Advisor on NHSE/I Complex Care /Rehabilitation Programme and National Acute Out of Area Programme and Consultant Occupational Therapist at Cheshire and Wirral Partnership NHS Foundation Trust.

“Achieving an uptake rate for cardiac rehabilitation of 65% in England among all eligible patients could release over £30 million per year in savings which could be reinvested in rehabilitation and re-ablement.”

NHS Improvement⁽⁹⁾

“If those currently least able to manage their conditions were better supported, so that they could manage their conditions as well as those most able, this could prevent 436,000 emergency admissions and 690,000 attendances at A&E, equal to 7% and 6% respectively of the total in England each year.”

Health Foundation⁽¹⁰⁾



Josh was 18 when a car crash landed him in hospital with severe brain injury. After his injuries were stabilised, intensive rehabilitation in a residential unit helped him relearn how to walk and talk. He was discharged home after 12 months and continues to receive physiotherapy and occupational therapy. He has neuropsychological reviews every 3-6 months, has been discharged from speech and language therapy, and does not need any additional care beyond what his family provide. Josh has made huge progress in his recovery as a result of the neurorehabilitation he has received.

The costs involved in Josh's rehabilitation were significant, totalling approximately £148,374. However, his recovery meant that he needed less health and social care on leaving hospital and it is calculated that the rehabilitation costs were offset in 27 months (*for the higher costs of in patient rehabilitation*) and in six months (*for the lower costs of out patient rehabilitation at home*). In addition, assuming a predicted life expectancy of 52 years, it is estimated that a total of £5.5 million has been saved in health and social care costs as a consequence of his successful rehabilitation.⁽⁴⁾

COMMUNITY REHABILITATION:

Supporting social care

Community rehabilitation can reduce costs significantly in social care, according to sector leaders. Community rehabilitation can improve recovery rates from illness and injury and thereby limit the level of social care needed after discharge from hospital. The savings are particularly significant when the illness or injury occurs early in the patient's life, since many decades of care costs can be avoided if the patient is supported with appropriate levels of rehabilitation. Community rehabilitation can also enable people to better self-manage their long-term conditions and slow the progress of degenerative diseases, both of which create knock on savings for social care budgets.

Falls are a case in point. Falls are the sixth largest cause of disability in the UK today⁽⁷⁾. If falls prevention services were universal, it is anticipated that a quarter of all serious falls could be avoided, saving £59 million in emergency admissions, and a similar amount in social care costs.⁽¹¹⁾ Hip fractures currently cost £8,237 in social care and £9,739 in hospital care. Fracture liaison services are a proven model of community rehabilitation that, again, if universal, would save £400 million from social care and NHS budgets.⁽¹²⁾

Heart and circulatory disease is another leading cause of disability in the UK. Substantial savings in health and social care costs can be made if people are able to access cardiac rehabilitation. A recent study found that cardiac rehabilitation reduces cardiac-related illness, promotes independent living,

fosters self-management skills and enables people to return to work.⁽⁹⁾ All features that reduce the need for social care support.

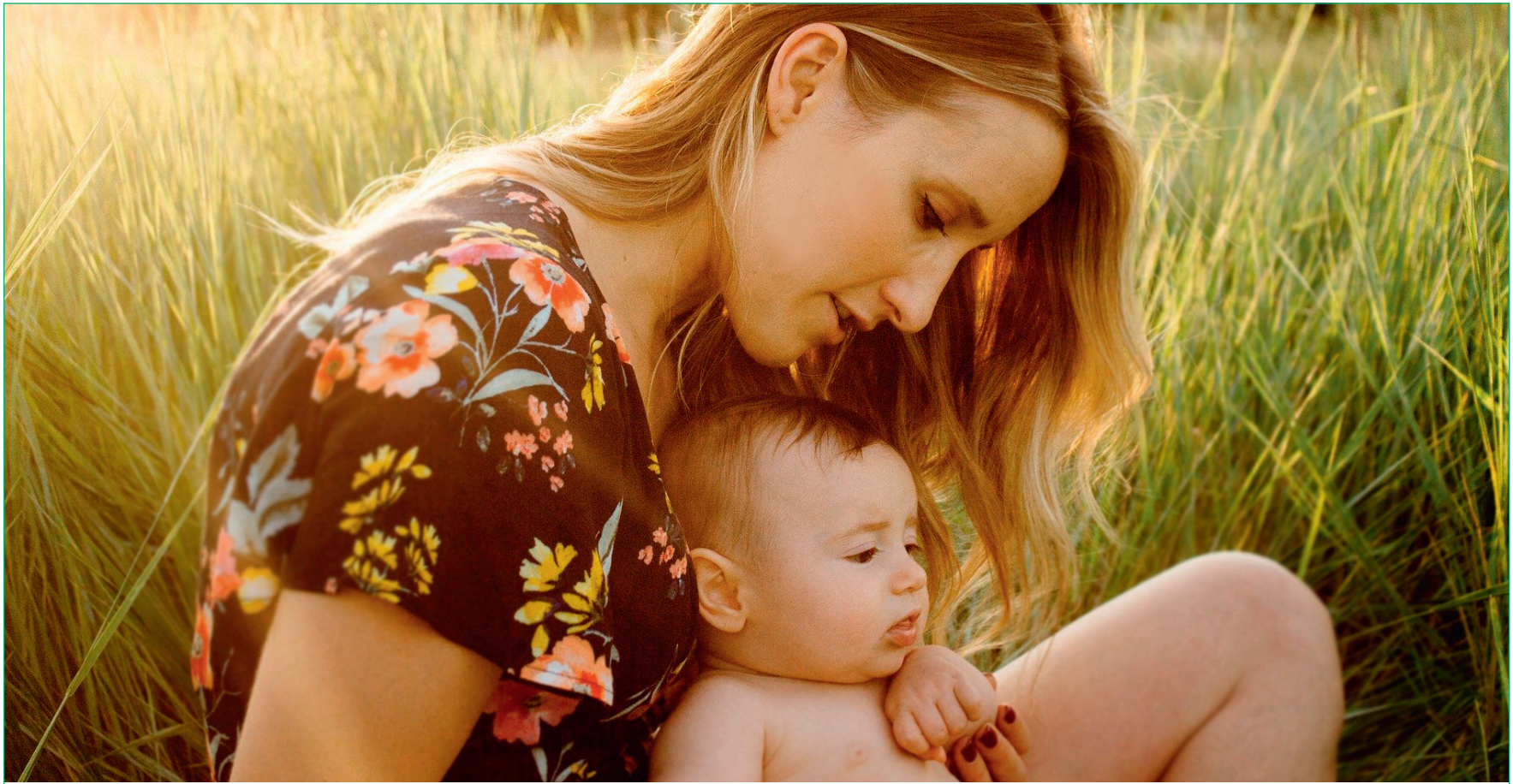
The home environment can be a vital key to unlocking rehabilitation potential and allowing people to live at home, rather than move into higher cost residential care. Home based assessments can enable community rehabilitation practitioners to advise people on how to live at home within their new constraints, while home adaptations can make it safer for people to stay at home longer. A Public Health England study found that for people at high risk of falls, home assessments and home adaptations could offer a return on investment of £3.17 for every £1 spent.⁽¹³⁾

“The cost of providing early specialist rehabilitation for patients with complex needs is rapidly offset by longer term savings in the cost of community care, making this a highly cost-efficient intervention.”⁽¹²⁾

Sight for Surrey

– a cost benefit analysis

Sight for Surrey provides vision rehabilitation to people with vision impairment in Surrey. After vision rehabilitation, vision impaired people are able to live more safely and independently, with reduced care needs and lower emergency admissions. The RNIB commissioned a cost benefit analysis of this service. Their study showed that as a result of Sight for Surrey’s service, £3.2m in reduced, avoided or deferred costs were achieved in the health and social care systems per year in Surrey alone. A further £250,000 were saved from the service users’ own pockets.⁽¹⁴⁾



Sue Ryder's proactive care saves £1m in future care costs

A young working mother, Laura was in her early 20s when she suffered a brain haemorrhage that left her severely disabled, paralysed and unable to speak. The standard 12 week rehabilitation course Laura received was unsuccessful and she became very depressed. Her main depression trigger was the very limited time she was allowed with her young son on her high dependency ward. After 6 months, Laura was fortunate to secure a place at a Sue Ryder centre, and her recovery turned a corner.

She received patient and intensive rehabilitation including physiotherapy and speech and language therapy. This 'proactive care' helped her learn to walk and talk again. She also received emotional support which enabled her to come off anti-depressants. An important factor here was that the centre allowed her more time with her son, in more suitable surroundings. After three years as a resident at the centre, Laura moved to Sue Ryder supported living for a further two

years, and then, with some initial support from Sue Ryder and local council care staff, she moved home.

Laura's specialist care costs were high at the start of her time at Sue Ryder, but her fast progress meant that these costs fell steadily over time. Had Laura not received the proactive care provided by the Sue Ryder centre, she would probably have stayed in the older persons' hospital ward for five years and then she would have been moved to an older persons' nursing home. The likelihood is that she would not have recovered her ability to walk, talk or live without anti-depressants, but with her condition stable she would have probably lived to an old age. It is estimated that the total cost of Laura's proactive care package – over almost 6 years – is £660,415. Assuming Laura lives an average life span, the proactive care pathway saves the state over £2m, compared to the reactive hospital-nursing home pathway. Over £1m of the costs saved by the proactive pathway are savings from social care budgets.⁽¹⁵⁾

'Good social care provides care, support, and safeguards. It transforms lives, it enhances health and wellbeing, increases independence, choice and control. Supporting people to remain at home in their local community, living independent lives, is an outcome which social care strives for. Access to reablement and community rehabilitation is essential in achieving this. Everyday activities or tasks which many take for granted can become

increasingly challenging or impossible for some. Supporting people to continue to fully participate in daily life is the right thing to do for them as well as reducing the pressure on a social care system which is under intense strain’.

Julie Ogley, President, The Association of Directors of Adult Social Services in England (ADASS) – the association of directors of adult social services in England

“Community rehabilitation is essential to enable people with a broad range of neurological conditions to be as active and independent as possible, yet we hear from too many people that they don’t have access to it. We know that community rehab improves people’s quality of life, and helps keep them as well and able as possible, as well as potentially reducing their reliance on services. We therefore strongly advocate for improved access to such services.”

Georgina Carr, CEO, The Neurological Alliance

COMMUNITY REHABILITATION:

Modernising for the future

Community rehabilitation services must be modernised to respond to today's needs and prepare for the future. We are already failing to provide sufficient and appropriate community rehabilitation services to people with injury, mental and physical illness and long-term conditions. We are missing opportunities to improve lives and make savings across health and social care budgets.

Over the next 17 years, it is projected that the number of people aged 65 and above will rise by more than 40%, to over 16 million. On average, 30% of people over 65 fall at least once a year, 5% of falls lead to fractures and hospitalisation.⁽¹⁶⁾ Falls and fractures are just one of the many injuries, illnesses and conditions that require a community rehabilitation response, and that could be prevented or limited with appropriate rehabilitation input.

Our ageing population is one of several trends that are increasing the demand for community rehabilitation. We anticipate that the need for enhanced community rehabilitation services is only going to increase.

How will we meet this challenge?

- **Our services must be inclusive,** timely and universal, irrespective of postcode or severity of condition. Any barriers to people accessing community rehabilitation must be thoughtfully addressed.

- **Where necessary our services must be specialist,** to support people with very distinct needs.
- **Our services must be personalised,** addressing each individual's multiple needs, not solely focused on one condition. More person-centred services will enable people to do more of what matters to them, be that family life, work, community or leisure.
- **Our services must be integrated,** with the right mix of health and care professionals so that people can access the right help at the right time. Our services need to link together with existing sports, leisure, housing and voluntary sector activities to provide a holistic community-based rehabilitation solution. Making greater use of digital innovation will strengthen integration.

Sue Ryder Leckhampton Court's palliative rehabilitation

Sue Ryder's day hospice programme at Leckhampton Court provides expert nursing care, occupational therapy, physiotherapy, complementary therapy, family and spiritual support and art activities. The team supports people living with cancer, lung disease, heart failure or neurological conditions in Gloucestershire. Patients can self-refer or be referred by their GP or consultant. The service starts by listening, observing and asking what patients hope to achieve. One of the occupational therapists explains: *"My role is to support patients in achieving what matters to them through patient and carer education, the sharing of advice, tips and techniques or helping to arrange for aids or modifications in their home environment."* It is rewarding for staff to be part of a person-centred service: *"At Sue Ryder we have time to spend with our patients. We can make a real difference to people, and it is such a privilege to be part of the therapies team."*⁽¹⁵⁾

Greater Manchester's Integrated Community Stroke Rehabilitation Service

Before the launch of Greater Manchester's Integrated Community Stroke Rehabilitation Service, stroke patients often waited six weeks to be assessed. Now, all stroke patients are seen within three days of leaving hospital. An initial care assessment establishes the patient's most critical problem to ensure the patient sees the most appropriate professional from the start. The service also ensures smooth transfer to the other NHS, social care, voluntary or wellbeing services that address the wider needs of patients and carers for ongoing 'life after stroke' support. Patients can regain their independence more quickly, return to work in a shorter time frame and can self-refer back into the service if needed.

"Patients no longer feel abandoned at their time of greatest need. More timely support and treatment results in better outcomes for the patient and staff don't have to undo any negative impact that a delay in treatment can have."

Caomha Preston, Physiotherapy Lead

While the team are stroke specialists, they are linked up with other services including Manchester's integrated neighbourhood teams, which have been set up to provide community health and social care services to populations of 30,000-50,000 people.

"Having a flexible approach in how we work with other parts of the NHS and social care

enables us to share our skills and knowledge and support other teams wherever the patient is, and coordinate care around the individual needs of the patient.”

Tracy Walker, Occupational Therapist, lead allied health professional

Our Ask:

Equal access to community rehabilitation for all

What politicians can do to help

- 1** Ask your political party to commit to high quality, accessible community rehabilitation for all
- 2** Use the parliamentary debate on the NHS accountability framework (due in Spring 2020) to mandate delivery of universal community rehabilitation
- 3** Use parliamentary scrutiny of anticipated changes to the NHS constitution to make people’s existing rights to community rehabilitation explicit
- 4** Visit a community rehabilitation service in your constituency to see its impact first hand
- 5** Ask questions of your local Clinical Commissioning Group or Health and Wellbeing Board about their plans to improve access to high quality community rehabilitation services.

For more information:

Please email: RightToRehab@csp.org.uk

Or visit: www.RightToRehab.org

Or contact us at:

The Chartered Society of Physiotherapy - Tel: **020 7306 6666**

Royal College of Occupational Therapists - Tel: **020 3141 4600**

Sue Ryder - Tel: **0808 164 4572**

With thanks to all the colleagues and patients that allowed us to tell their stories.

Who are we?

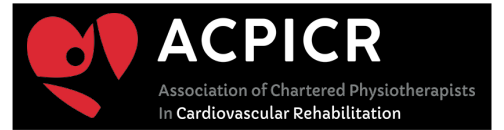
We are a collective of 24 charities, trade unions and professional bodies coming together to call on all political parties to ensure there is equal access to high quality community rehabilitation services for all.



Royal College of Occupational Therapists



palliative, neurological and bereavement support



MACMILLAN CANCER SUPPORT



Muscular Dystrophy UK
Fighting muscle-wasting conditions



British Society of Rehabilitation Medicine
Promoting quality through education and standards



VERSUS ARTHRITIS



More people
More active
More often

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